

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U- <u>11165</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Christopher</u> <u>C</u> <u>Murphy</u> P.O. Box, Bldg., Room No., if any <u>Suite 2</u> Street <u>3 Pierce street</u> City <u>Framingham</u> State <u>Massachusetts</u> ZIP Code + 4 <u>01702</u>	4. Name, file number, and address of labor organization. Name <u>Laborers International Union of North America</u> Labor Organization File Number <u>004015</u> P.O. Box, Building and Room Number, if any <u>Suite 2</u> Street <u>3 Pierce street</u> City <u>framingham</u> State <u>Massachusetts</u> ZIP Code + 4 <u>01702</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>n/a</u> Trade Name, if any: <u>n/a</u> P.O. Box, Bldg., Room No., if any <u>n/a</u> Street <u>n/a</u> City <u>n/a</u> State <u>n/a</u> ZIP Code + 4 <u>n/a</u>	7. a. Nature of Interest, Transaction, or Income. <u>n/a</u> 7. b. Amount. <u>n/a</u>

Signature

See Addenda

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Christopher C. Murphy

On

8/15/05  
Date

508-875-5282  
Telephone Number

See addenda -

Name of Person Filing Christopher Murphy		File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <input type="text" value="n/a"/></p> <p>Trade Name, if any: <input type="text" value="n/a"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="n/a"/></p> <p>Street <input type="text" value="n/a"/></p> <p>City <input type="text" value="n/a"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <input type="text" value="n/a"/></p> <p>Trade Name, if any: <input type="text" value="n/a"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="n/a"/></p> <p>Street <input type="text" value="n/a"/></p> <p>City <input type="text" value="n/a"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p><b>11.a. Nature of such dealing.</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p><b>11.b. Approximate dollar value of such dealing.</b> <input type="text"/></p> <p><b>12.a. Nature of interest held or income received.</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p><b>12.b. Amount.</b> <input type="text"/></p>
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**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name <input type="text" value="n/a"/></p> <p>Trade Name, if any: <input type="text" value="n/a"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="n/a"/></p> <p>Street <input type="text" value="n/a"/></p> <p>City <input type="text" value="n/a"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p><b>14.a. Nature of payment.</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<p><b>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</b></p>	<p><b>14.b. Amount of payment.</b> <input type="text"/></p>

C.C.M

## Addenda to the LM 30 for Christopher C. Murphy

### Addendum A

On several occasions in 2004, I recall that I was given complimentary promotional items, such as clothing items and accessories. At no time did I solicit such items, and they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items nor did any member of my family. I have no as to the value of the items, and do not recall the manufacturer of provider of such items.

### Addendum B

On several occasions in 2004, particularly during the holiday season, I recall that I was given complimentary items, such as fruit and cheese baskets. At no time did I solicit such items, and they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items as I shared them with the individuals in my office. My actions were in line with the published Office of Government Ethics guidelines which state "When it is not practical to return a tangible item because it is perishable, the item may at the discretion of the employee's supervisor or as an agency ethics official, be given to an appropriate charity, shared within the recipient's office, or destroyed.

C.F.R 2635.205

### Addendum E

I have personal friendships with individuals who may be employed by reportable entities under the LMRDA, which exist separate and apart from my role as a union officer. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and have no specific recollection of any benefits received.

### Addendum F

In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from an individual whom may be employed by a reportable entity under the Labor Management Reporting and Disclosure act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

### Addendum H

I am not reporting any benefits that I may have received in 2004 from Labor organizations affiliated with the Laborers' International Union of North America (LIUNA) my employer, or other Labor Organizations. My understanding of guidance received by the AFL-CIO from the Department of labor is that benefits received from LIUNA – affiliated labor organizations and other labor organizations are not reportable on the LM 30 report and I am following that guidance.

*C.C.M.*

**CONSTRUCTION AND GENERAL LABORER'S LOCAL UNION NO. 609**  
of the Laborer's International Union of North America, AFL-CIO

3 Pierce Street, Suite 2  
Framingham, MA 01702-6049

Telephone  
508-875-5282



Fax  
508-872-2586

August 15, 2005

U.S Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Ave, NM  
Room N-5616  
Washington, D.C. 20210

Re: From LM 30 – Filing for Christopher C. Murphy

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM 30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM 30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM 30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM 30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM 30 reporting provisions and in doing so; I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefit that I received in 2004.

Sincerely,

*Christopher C. Murphy*  
Christopher C. Murphy

Business Manager  
Laborer's Local 609